

SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT
PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Details

Public Employer:	New Providence Board of Education	County:	Union		
Employee Organization:	New Providence Principals & Assistant Principals Association	Employees in Unit:	7		
Base Year Contract Term:	7/1/2012	6/30/2013	New Contract Term	7/1/2013	6/30/2016
Type of Settlement:	<input type="checkbox"/> Mediated Settlement <input type="checkbox"/> Fact-Finder Recommendation <input checked="" type="checkbox"/> Voluntary Settlement <input type="checkbox"/> Super Conciliation				

		Column A <u>Base Year - Total Costs</u> (Last Year of Previous agreement)	Column B <u>New Base Year - Total Costs</u> (First Year of Successor agreement)
Section II: Economic			
Item 1	Salary	\$818,256	\$837,791
Item 2	Increment		
Item 3	Longevity	\$2,000	\$4,000
Item 4	Seminars/Conference Fees	\$8,400	\$8,400
Item 5	Meal Allowance	\$2,500	\$2,500
Item 6	Membership/Assoc Fees	\$8,400	\$8,400
Item 7			
Item 8			
Item 9			
Item 10			
Item 11			
Item 12			
Any additional items list on separate sheet	Additional items		
Section III: Totals - Sum of costs in each column		\$839,556	\$861,091
		(Total)	(Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) \$839,556

<u>Effective Date (m/d/yy)</u>	<u>7/1/2013</u>	<u>7/1/2014</u>	<u>7/1/2015</u>			
Percent Increase	2.2%	2.4%	2.9%			
Total cost of increase ..	\$19,535	\$20,107	\$24,879			
Total base salary (successor agreement)	\$837,791	\$857,898	\$882,777			

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement)	2.50
Dollar Impact (average per year over term of agreement)	\$21,507.00

Section VI

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1					
Cost of Health Plan	\$120,960	\$133,056					
Employee Contributions	\$17,228	\$26,992					
Prescription	\$0	\$0					
Dental	\$6,866	\$7,072					
Vision	\$0	\$0					

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Section VI

Prepared by:

James Testa

Print Name

Final Results

Title: School Business Administrator/Sec

Date: 5/10/2013

Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 7/1/13 thru 6/30/16. (New Providence Principals & Assistant Principals Assoc.)

Employer:

New Providence BOE

County:

Union

Date:

5/10/13

Name:

James Testa

Print Name

Title:

School Bus Driver/Bus. Dir.

James Testa

Signature